U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1.1 lie Walloer 10 - 1 4 0/ 3	
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOYCE JOYCE	Name PLUMBERS AFL-CIO LOCAL UNION 373
	Labor Organization File Number 022-477
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 76 PLEASANT HILL RD	Street 76 PLEASANT HILL RD
City MOUNTAINVILLE	City MOUNTAINVILLE
State New York ZIP Code + 4 10953	State New York ZIP Code + 4 10953
5. Position in labor organization. BUSINESS AGENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	7.a. Ivature of filerest, fransaction, of moone.
Name	
· •	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7 h Amount
	7.b. Amount.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street City	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ature Perjury and other applicable penalties of the law, that all of the information no documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature Perjury and other applicable penalties of the law, that all of the information no documents), has been examined by the signatory and is, to the best of the

Name of Person Filing JOHN JOYCE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name:	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street ;		
City .		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
To it out of out to one of the state of the	A CONTRACT OF THE CONTRACT OF	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street:	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State , ZIP Code + 4		
	12.b. Amount.	
	12.D. Fillouit.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
	14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	ENTERTAINMENT DURING CONFERENCE	
Name FREEDOM CAPITAL MANAGMENT, LLC		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street ONE BEACON ST.		
City BOSTON		
State Massachusetts ZIP Code + 4 02108		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$218	